

### **Amendments to the Claims**

This listing of claims will replace all prior versions, and listings, of claims in the application:

#### **Listing of Claims**

1. (Previously Presented) A method of fixing adjoining vertebrae of the spine of a patient, comprising:
  - inserting into said patient an access device to a surgical location adjacent the spine with said access device in a first configuration having a first cross-sectional area at a distal portion thereof;
  - after said inserting step, inclining said access device from a plane that is generally perpendicular to the spine of the patient;
  - actuating said access device to a second configuration having an enlarged cross-sectional area at said distal portion thereof;
  - delivering a first fastener through the access device to the surgical location; and
  - advancing said first fastener through a first vertebra and into a second vertebra.
2. (Original) The method of Claim 1, wherein the access device is inserted via a generally posterior approach.
3. (Original) The method of Claim 1, wherein the access device is inserted via a postero-lateral approach.
4. (Original) The method of Claim 1, further comprising the introduction of a boring tool to the surgical location through the access device and advancing said boring tool to create a tunnel through the bone prior to delivering said first fastener.
5. (Original) The method of Claim 1, wherein the surgical location is scored prior delivering the fastener or boring through the bone.

6. (Original) The method of Claim 1, wherein the method of fixation is transfacet pedicle screw fixation.

7. (Original) The method of Claim 1, wherein the method of fixation is translaminar facet screw fixation.

8. (Previously presented) The method of Claim 1, further comprising delivering through an access device a second fastener to a second surgical location at the spine and advancing the second fastener through the first vertebra and into the second vertebra, said first and second fasteners substantially preventing movement of the first vertebra relative to the second vertebra.

9. (Original) The method of Claim 8, further comprising prior to delivering said second fastener, introducing a boring tool to said second surgical location through the access device and advancing said boring tool to create a tunnel through the bone.

10. (Original) The method of Claim 8, wherein said second fastener is delivered through the same access device used to deliver said first fastener.

11. (Original) The method of Claim 8, wherein said second fastener is delivered through a second access device.

12. (Original) The method of Claim 8, wherein said second fastener is delivered through a cannula.

13. (Previously presented) The method of Claim 8, wherein said second surgical location is scored prior to delivering said second fastener or boring through the bone.

14. (Previously Presented) A method of treating a spine of a patient, comprising:

inserting an access device into said patient to a surgical location adjacent the spine with said access device in a first configuration having a first cross-sectional area at a distal portion thereof;

after said inserting step, inclining said access device from a plane that is generally perpendicular to the spine of the patient;

actuating said access device to a second configuration having an enlarged cross-sectional area at said distal portion thereof; and

fastening through a first vertebra and into a second vertebra one or more fasteners delivered through said access device, said one or more fasteners providing a transfacet fixation method substantially preventing movement of the first vertebra relative to the second vertebra.

15. (Original) The method of Claim 14, wherein the access device is inserted via a generally posterior approach.

16. (Original) The method of Claim 14, wherein the access device is inserted via a postero-lateral approach.

17. (Original) The method of Claim 14, wherein a single access device is used to approach the surgical location adjacent the spine.

18. (Original) The method of Claim 14, wherein multiple access devices are used to approach the surgical location adjacent the spine.

19. (Previously presented) The method of Claim 1, wherein an angle of incline between a longitudinal axis of the access device and the plane that is generally perpendicular to the spine is less than about 60 degrees.

20. (Previously presented) The method of Claim 1, wherein an angle of incline between a longitudinal axis of the access device and the plane that is generally perpendicular to the spine is in a range from about 10 degrees and to about 45 degrees.

21. (Previously presented) The method of Claim 14, wherein an angle of incline between a longitudinal axis of the access device and the plane that is generally perpendicular to the spine is less than about 60 degrees.

22. (Previously presented) The method of Claim 14, wherein an angle of incline between a longitudinal axis of the access device and the plane that is generally perpendicular to the spine is in a range from about 10 degrees to about 45 degrees.

23. (Previously presented) A method of fixing adjoining vertebrae of the spine of a patient, comprising:

inserting into said patient an access device with said access device in a first configuration having a first cross-sectional area at a distal portion thereof;

actuating said access device to a second configuration having an enlarged cross-sectional area at said distal portion thereof exposing a first surgical location adjacent the spine and a second surgical location adjacent the spine;

delivering a first fastener through the access device to the first surgical location;

advancing said first fastener through a first vertebra and into a second vertebra;

delivering a second fastener to the second surgical location at the spine through the access device; and

advancing the second fastener through the first vertebra and into the second vertebra, said first and second fasteners substantially preventing movement of the first vertebra relative to the second vertebra.

24. (Previously presented) The method of Claim 23, wherein the spinous process of the first vertebra is within or adjacent a working space defined by the distal end of the access device in the second configuration.

25. (Previously presented) The method of Claim 23, wherein the spinous process of the second vertebra is within or adjacent the working space.

26. (Previously presented) The method of Claim 23, wherein the spinous process of a third vertebra is within or adjacent the working space.

27. (Previously Presented) A method of fixing adjoining vertebrae of the spine of a patient, comprising:

inserting into said patient an access device having a medial side to a surgical location adjacent the spine, the access device having a first cross-sectional area at a distal portion thereof during insertion, wherein after inserting said access device, a plane extending posteriorly and including a longitudinal axis of the spine intersects said access device;

actuating said access device such that said distal portion has an enlarged cross-sectional area, wherein during said actuating said medial side of the access device moves toward the spinous process;

delivering a first fastener through the access device to the surgical location; and

advancing said first fastener through a first vertebra and into a second vertebra.

28. (Previously presented) The method of Claim 27, wherein after being inserted, a proximal portion of said access device is on a first side of said plane and said distal portion of said access device is on a second side of said plane.

29. (Previously presented) The method of Claim 27, wherein said longitudinal axis extends along a midline of the spine.

30. (Previously presented) The method of Claim 23, wherein the spinous process of the first vertebra is accessible through a working space defined by the distal end of the access device in the second configuration.

31. (Previously presented) The method of Claim 14, wherein the plane from which the access device is inclined is perpendicular to a longitudinal axis extending along the midline of the spine.

32. (Previously presented) The method of Claim 1, wherein the plane from which the access device is inclined is perpendicular to a longitudinal axis extending along the midline of the spine.